Men, trans/masculine, and non-binary people and midwifery care

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Growing numbers of men, trans/masculine, and non-binary people are considering and undertaking pregnancies (Obedin-Maliver & Makadon, 2016; Tornello & Bos, 2017). In this chapter we use the term "men, trans/masculine, and non-binary people" to refer to people who were assigned female at birth, but report their identity as, for example, male, man, trans, masculine, transmasculine, non-binary, genderqueer, or agender. Drawing on findings from an original empirical research project on trans pregnancy[2], this chapter explores men, trans/masculine, and non-binary people's experiences with midwives, the views of midwives who provide care to them, and the specific challenges that they may face during pregnancy. It also provides recommendations for best practices for midwives working with this diverse population.

The growing body of literature on men, trans/masculine, and non-binary people and pregnancy suggests that pregnancy, birthing, and infant feeding can be a distressing experience for some (Obedin-Maliver & Makadon, 2016). Research also shows that the preconception period can be a particularly challenging and lonely time (Ellis et al., 2014). This may be particularly so given that the preconception period may involve pausing testosterone administration, and due to the fact that other people commonly view pregnancy, birth, and chestfeeding as inherently feminine actions. By contrast, some men, trans/masculine, and non-binary people experience pregnancy, birth, and chestfeeding as

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affirming: each demonstrates that the body has purpose and utility in terms of the aim of having and sustaining the life of a child (MacDonald et al, 2016). Again, this is especially true when people are affirmed as masculine or non-gendered in their role as a gestational parent, father, or dad by others (including healthcare professionals).

To date, there has been very little published literature on midwives and men, trans/masculine, and non-binary people. One Swedish study found that midwives feel they lack knowledge about men, trans/masculine, and non-binary people and pregnancy, but that they want to be inclusive even if they are not sure how (Johansson et al., 2020). Midwives in this study recognized the importance of continuity of care to ensure that men, trans/masculine, and non-binary people do not have to repeatedly explain themselves. A study of midwives in the United States found that for trans men who were midwives, some experienced stigma, and others felt they were pressured by colleagues and administrators not to disclose their gender history to other staff or patients (Kantrowitz-Gordon et al., 2014). While in some contexts there has a been a shift away from the language of 'mothers' and 'women' within midwifery associations to be more inclusive of all genders (i.e., instead using 'pregnant people'), there has been considerable opposition to this by some midwives and midwife organizations (Reis, 2020). Finally, some research has suggested that the push towards chestfeeding by midwives can be experienced as distressing by some men, trans/masculine, and non-binary people (MacDonald et al, 2016).

In our own research, in which we interviewed 51 men, trans/masculine, and non-binary people living in the United States, Canada, United Kingdom, Australia, or Germany, many of our participants spoke about experiences with midwives. For some of our participants, their experiences with midwives were positive. Positive experiences included: 1) midwives consistently asking for consent to touch men, trans/masculine, and non-binary people's bodies; 2) amending documentation (including on paper and electronically) to

ensure gender is correctly recorded; and 3) midwives advocating for participants, for example through going out of their way to ensure that other staff used correct names and pronouns. Some participants felt especially supported by midwives who disclosed that they had trans/masculine or non-binary family members, and other participants commented on how positive it was to be supported by midwives who are men.

Some of our participants, however, had negative experiences with midwives. Examples of negative experiences included: 1) midwives dismissing the importance of using the correct terminology for their body parts; 2) midwives equating men, trans/masculine, and non-binary people's experiences of birth with those of cisgender (i.e., non-transgender) women; and 3) midwives repeatedly misgendering (e.g., using the wrong name or pronouns) men, trans/masculine, and non-binary people despite being corrected on multiple occasions. Importantly, our participants did not expect midwives to be perfect; rather, they expected that midwives would do their best to work with them to understand their specific needs.

In our study, we also interviewed a small number of midwives who had experience working with men, trans/masculine, and non-binary people and pregnancy, including two midwives who were themselves transgender. These participants noted a number of challenges to the full inclusion of men, trans/masculine, and non-binary people within midwifery services. These included: 1) the lack of training provided about working with men, trans/masculine, and non-binary people; 2) both a lack of awareness about trans-specific pregnancy needs and an over-focus on men, trans/masculine, and non-binary people's gender at the expense of focusing on their pregnancy; 3) the expectation placed upon transgender midwives to educate other people, often without compensation; 4) a lack of medical knowledge about postpartum care for men, trans/masculine, and non-binary people, particularly in regard to chestfeeding and recommencing hormone therapies; and 5) animosity within the profession towards the inclusion of men, trans/masculine, and non-binary people.

Both our research and that of others suggests a number of key recommendations for further developing best practice approaches for supporting men, trans/masculine, and non-binary people within midwifery services:

1. Ask patients about the pronouns, names, and terminology they use to describe themselves and their bodies, collate this information, and ensure that all relevant staff are aware. It should not be the work of men, trans/masculine, and non-binary people to continually educate staff.
2. Provide training opportunities and stay engaged with the latest literature. Research on men, trans/masculine, and non-binary people is a fast-moving field requiring continuous monitoring and engagement.
3. Ensure high-quality continuity of care so that men, trans/masculine, and non-binary people are able to work with individual care providers and care teams intimately familiar with them and their specific case.
4. Avoid simplistically comparing experiences. While some of the physical aspects of birthing may be shared, others will be specific or unique for men, trans/masculine, and non-binary people due both to their own experiences of sex/gender and those of people around them.
5. Be aware that for some (but not all) men, trans/masculine, and non-binary people, pregnancy and birthing may be specifically distressing, and engage in practices that attempt to minimise distress, such as explicitly negotiating consent regarding touch, delivery procedures, and using patient-led language.
6. Advocate for systemic change, even in the face of opposition. This includes but is not limited to resource allocation toward incorporating inclusive and diverse imagery and language (e.g., ‘pregnant person’ or ‘pregnant people’) in offices, on forms, in

educational and training materials, in electronic medical records, and in interactions with care recipients.

7. Recognise that chestfeeding may not be possible for some men, trans/masculine, and non-binary people, and for other people it may be distressing. Further, some men, trans/masculine, and non-binary people may need specific support to encourage skills for chestfeeding if that is their desire (i.e., if they have already had chest surgery); such support must also be trans-informed and inclusive.
8. Advocate for and engage in research that seeks to better understand the specific social and medical needs of men, trans/masculine, and non-binary people, specifically in terms of best practices regarding recommencement of hormone therapies.

In conclusion, for many men, trans/masculine, and non-binary people, pregnancy and birth can be a positive experience, but this is dependent on how other people (including healthcare providers) respond, specifically in terms of using inclusive language. For some men, trans/masculine, and non-binary people, pregnancy and birth may be distressing. However this can be minimized by the use of inclusive language and respect for bodily autonomy. As the numbers of men, trans/masculine, and non-binary people becoming gestational parents continue to grow, it is important that midwives continue to grow alongside this population: growing their skills, understandings, and openness to supporting men, trans/masculine, and non-binary people.

References

Ellis, S. A., Wojnar, D. M., & Pettinato, M. (2014). Conception, pregnancy, and birth experiences of male and gender variant gestational parents: It's how we could have a family. *Journal of Midwifery & Women's Health, 60*(1), 62-69.

Johansson, M., Wirén, A. A., Ssempasa, D., & Wells, M. (2020). A qualitative study of midwives' challenges to support transmen during childbirth: A short report. *The European Journal of Midwifery*.

Kantrowitz-Gordon, I., Ellis, S. A., & McFarlane, A. (2014). Men in midwifery: A national survey. *Journal of Midwifery & Women's Health*, *59*(5), 516-522.

MacDonald, T., Noel-Weiss, J., West, D., Walks, M., Biener, M., Kibbe, A., & Myler, E. (2016). Transmasculine individuals' experiences with lactation, chestfeeding, and gender identity: A qualitative study. *BMC Pregnancy and Childbirth*, *16*(1), 1-17.

Obedin-Maliver, J., & Makadon, H. J. (2016). Transgender men and pregnancy. *Obstetric Medicine*, *9*(1), 4-8.

Reis, E. (2020). Midwives and pregnant men: Labouring toward ethical care in the United States. *CMAJ, 192*, 169-70.

Questions for Reflection

1. What are three concrete steps you can take to work toward ensuring that the forms, artwork, pamphlets and educational materials at your midwifery worksite are inclusive of trans and gender non-binary parents and families?
2. What are three concrete steps you can take with your colleagues to ensure that the midwifery staff (clerical, administrative, and medical providers) are working toward trans and gender non-binary inclusive, ethical, and culturally-competent patient interactions and care?
3. What are three concrete steps you can take to engage in outreach to your professional midwifery organization(s) to ensure that they are inclusive and advocating on behalf of trans and gender non-binary people who are pregnant?

Further Reading and Resources

Fischer, O.J. (2020). Non-binary reproduction: Stories of conception, pregnancy, and birth. *International Journal of Transgender Health.*

Hoffkling, A., Obedin-Maliver, J., & Sevelius, J. (2017). From erasure to opportunity: A qualitative study of the experiences of transgender men around pregnancy and recommendations for providers. *BMC Pregnancy and Childbirth, 17.*

MacDonald, T. (2016). *Where's the mother? Stories from a transgender dad*. Toronto: Trans Canada Press.

Midwives Alliance of North America. (2015). Position statement on gender inclusive language. https://mana.org/healthcare-policy/position-statement-on-gender-inclusive-language

Moseson, H., Zazanis, N., Goldberg, E., Fix, L., Durden, M., Stoeffler, A., Hastings, J., Cudlitz, L., Lesser-Lee, B., Letcher, L., Reyes, A., & Obedin-Maliver, J. (2020). The imperative for transgender and gender nonbinary inclusion. *Obstetrics & Gynecology, 135* (5), 1059-1068.

Silver, AJ. (2019). Birth beyond the binary. *AIMS Journal, 31*. https://www.aims.org.uk/journal/item/non-binary-birth