1. Genevieve and Jamie come to their fourth visit with you. This is their first pregnancy. They have been married for 3 years. You realize after four appointments that their best friend, DeVante has been present for every appointment and seems uniquely connected to the couple. You begin to wonder if he is actually in a committed relationship with Genevieve and/or Jamie because he is very connected to the pregnancy, has asked as many questions about the pregnancy, birth, and baby and cried when he heard the baby’s heartbeat. Many things DeVante, Genevieve and Jamie have said during appointments suggested that he may be involved in raising the child. You become concerned that you have given the family some indication that you are not a safe space for polyamorous families. You scan your forms, paperwork and handouts and consider if there is something that might have led this family to believe that you are only embracing of heteronormative couplings and to suggest that there is no room for additional family constitutions in your practice. Your core question: is it possible that I have created an environment where clients do not feel safe to be open about their family?

a. How will you make it clear to this family that you want to serve them and indeed your practice is a safe environment?

I know it’s a possibility that polyamorous families might not feel welcome and safe to be themselves, especially in my community where polyamory is not even considered a possibility among midwives. In this situation, I might start by allowing my clients to get to know me personally over a few prenatal visits by sharing some little details about my own experience as a person in a non-normative partnership. I think people feel safer when they know the person they are talking with feels comfortable getting a bit vulnerable themselves.

Another/additional approach might be to ask some gentle, respectful, open-ended questions that pertain to their care that might help them find space to share about their dynamics. For instance, when inquiring about who will be present at birth, I might say something like the following to the pregnant client: “I’d love to get a feeling for who you envision being present at their birth and what their individual roles might be. For instance, if you plan to have any partners, family members, or friends present at labor or during birth itself, where do you imagine them being and doing to help support you or be a part of the special day?”

The thing I wouldn’t want to do here is assume, and let that assumption lead the way in our communication. The reality is that something about me, my practice, my office, etc. might be the reason they don’t feel comfortable sharing. Or it could be that this family does not ever speak openly about their relationship with others. Whether they ultimately tell me and confirm my belief or not, I’d want to involve their chosen companion lovingly because they have chosen to include them and deem them important to their lives.

b. What changes might you need to make to your website, forms, handouts, and marketing that will identify you as a safe practitioner for polyamorous individuals and families?

I’ve been thinking about this a lot and have been considering changing the language on my website to just say parents everywhere, as opposed to the fairly neutral, but monogamous, phrases like “birther and partner.” I also realized that when I advertise for childbirth classes, I do so inviting the birther and one partner. This automatically precludes poly families and is unfair. I don’t currently have a lot of handouts as a doula but imagine I will as a midwife. I want to have clearly inclusive language in a statement about my practice in any substantial materials I provide-whether an online or physical format. I think it would be lovely to have some photos on my website that represent non-monogamous families as well, though a cursory look into this within free images related to birth and babies didn’t yield much.

c. What unique experiences might a polyamorous individual or family face during their prenatal, labor, birth, and postpartum period?

If people know they’re polyamorous, I imagine they’d face some pushback and questioning about the setup of their family. Americans especially tend to get really invasive, pushy, and downright offensive when children are involved in any situation they don’t personally deem appropriate, and polyamory is taboo in our culture at present. People around them may question their ability to parent, may question who the “real parents” are, etc. I could see other family members who are involved in the birth being potential threats to a calm, safe environment for the birther if there are contentious/unaccepting behaviors occurring.

If they aren’t out about the polyamorous status of their relationship, there could be concerns within the relationship about privacy in matters as small as posting family photos to the bigger stuff like HIPPA compliancy. I’m not well versed on these specifics yet, but I’d be curious about the standard documentation around pregnancy and birth for statewide or even nationwide privacy law compliance.

Professionals at the hospital in case of transfer may not see the need for two partners/respect the choices of the family. I’m especially thinking about Cesarean birth needs, where almost every hospital has a one-support-person-only policy. It’s an unfortunate, horrible policy for heteronormative people but would be downright oppressive and cruel for polyamorous folks. Additionally, any other professionals, such as an IBCLC, may be challenged to adequately and accurately assess and make recommendations without full knowledge about the family structure and the birther’s support system and goals.

Whether they have support or not moving toward building a family, some logistical stuff may be complicated. Who would be on the birth certificate, for instance, would be a decision they need to make seeing as there are only two lines for parents. After that, they face a lifetime of challenges when legal or medical decisions need to be made for the child. They may also have internal struggle around whose surname, if any, the child takes on.

d. What questions might be appropriate to ask to identify the specific needs of the individual or family in your care?

1. What can I do to support your family so your entire birth team is on the same page and prepared to experience birth in as fulfilling a way as possible?
2. Is there anything about your relationship dynamics that you’d like me to be aware of when I’m conversing with or caring for you?
3. I see you have two excited partners with you! How do you envision them participating during your pregnancy, at your birth, and into parenting?

2. A triad; George, Daeshawna, and Juanita all cisgender, come for an interview. The pregnant woman, Daeshawna and her male and female partners express that all three are equal parents and partners in this situation. They are all equally involved and want to make sure that you respect and honor their equality in decision-making for the pregnancy, birth and newborn care. The concern that they have is that the birthing woman and her female partner, Juanita are closeted (as both polyamorous and bisexual) to the birthing mother’s parents, Baptists, who may be present at the birth or at least in the immediate postpartum time. Daeshawna expresses the desire to have her mother present but is conflicted about how or if to come out to them before the birth. They would prefer to have full and unencumbered physical expression of their partnership during the birthing process.

What concerns do you share with them about the birth and postpartum time?

Like any of my clients, I would share that the people they choose to be at their birth and support them at home with a new baby will affect how they feel about and experience the most vulnerable, raw, exciting, and scary time of their lives. I typically share a couple poignant stories about grandparents that were really helpful and brought joy/love/calm to the birther and a couple stories about a situation in which a grandparent’s presence was problematic. Then, I’d lead them through a visualization, asking the following questions: “I’d like you to tell me when you feel the safest in life, the most at peace internally and physically. Is anyone with you in your imagine? What senses are being tickled? What does your environment look like, if you have your eyes open?” Allowing my clients to find their own answers to these questions has been the most enlightening, yummy way I’ve found to help guide them to knowing who would make for positive birth companions and support people after birth.

You are hesitant to be the one to support them through the coming out process. What resources can you share with them to weigh the benefits and risks of the coming out process?

I definitely would be hesitant, as I’ve never been involved in someone else’s decision to come out and don’t know that I’d be an appropriate guide/mentor/support person while also being their care provider for pregnancy and birth. I would probably first ask if they were open to discussing this possibility with a counselor and if they were, I’d provide referrals to safe, respectful MFTs or similar counseling services who I know to be quality care providers. I would also recommend to them to access private forums online for peer support from other polyamorous folks. I think the process of coming out as bisexual would be layered with the additional process of coming out as polyamorous and would benefited by guidance from others who have experienced the same or similar.

How can you brainstorm when and how to have Daeshawna’s mother there?

I would, of course, let my clients know I would keep their information private should they decide to not come out prior to birth. If this was the scenario, I could see discussing having Daeshawna’s mother only join at the last bit of pushing and birth so that the majority of the labor was awash with safety, loving feelings, and an unwatched sense for the birth. The reality is that even if they did come out to the family prior to birth, that doesn’t mean her mother would be okay or be a safe and supportive person at the birth. And even if she committed to being such prior to birth, things could be challenging as she watches her daughter give birth to a baby being brought into a family she doesn’t fully understand. So, overall, limiting the amount of time the mother is present at the birth would seem like a priority for the smoothest outcome.

What is your role in this family’s process and is there any point at which you would be inclined to refer them on to another provider? If so, explain your rationale.

My role for their potential coming out and the process around navigating that decision would be that of a supportive, but removed listener who can provide guidance around what the impacts would be during pregnancy, birth, and beyond. I wouldn’t be comfortable being more involved than this in their broader family dynamics. I can’t see a scenario in which I’d refer this family to another provider due to anything surrounding their family structure or their coming out process.