

1)

Lesbian: A term used to describe a woman who identifies as gay, or whose orientation is towards those of the same sex. Lesbian clients will often be utilizing sperm donors and fertility support from medical specialists, acupuncturists, and even spiritual guides. They may have undergone IVF or IUI treatments and have probably spent a lot of money to get to the point of pregnancy. They might also have a higher incidence of miscarriage or a history of failed implantation attempts. I will need to have active referrals in my community for care providers to work with collaboratively, especially if clients work with me prior to conception as I might be the person referring to fertility specialists who provide safe care. I personally hope to offer assisted reproduction services for families in the safe, private environment of their own home, so I will need to utilize educational materials and skills trainings appropriate for this process.

Additionally, partners of the birthing person may want to initiate induced lactation to feed and soothe the baby after birth; I will need to both understand protocols and practices around induced lactation and also have resources on hand for clients working on producing breast milk. Getting to know the language choices preferable to lesbian clients will be imperative. Some clients with partners will note that they both prefer to be referred to as the mother. Others will prefer a distinction between the birthing parent and the partner and that should be chosen by the parent(s).

Gay: A term conventionally used to describe a person whose sexual and/or romantic orientation is towards those of the same sex; it is most frequently used to describe gay men. I might be working with gay men who are adopting and want support for their newborn baby. I might also

be working as a midwife with gay parents who are utilizing the support of a surrogate to bring their children into the world.

Depending on the birth setup and whether the parent(s) wants to be present at the time of birth, understanding their preferences for the delivery of the birth would be of primary importance so I can help facilitate where appropriate. I.e. whether or not someone other than the birthing person wants to catch the baby; whether the plan is for the birthing person to feed from the breast and/or bond with the baby as well as the parents, immediate skin to skin with the parent(s) instead of the birthing person, etc.

Bisexual: A term used to refer to a person whose romantic and/or sexual orientation is towards members of the opposite and same sexes. Working with bisexual clients requires a sensitivity to the concept of erasure of identity; many media sources, along with U.S. society in general, tend to act as if bisexuality itself exists only as a sort of “stopover” to identifying as gay. In my practice, I intend to never assume anything about a person’s orientation based on who walks in with them, who they are currently in partnership with, etc. Whether working with a same-sex couple or an opposite-sex couple, individual identity cannot be visually seen and making space for clients to share their own history as it pertains to their health care is imperative.

Transgender: A term used to refer to people who identify as a gender that is different than the biological sex they were assigned at birth. Learning and using a person’s chosen name is of primary importance. Using appropriate pronoun preferences matters as well. I will need to ensure my language and document choices are inclusive, so clients can share their identities safely.

Transgender people need providers who understand the unique social, emotional, physical, familial, and economic challenges they might have experienced.

For instance, many trans people become alienated from their families of origin when they make the choice to transition; a high percentage of trans people have experienced homelessness to some extent as well. This separation and disenfranchisement can impact their thoughts and feelings on what family means, what it is to parent a child, and more. On a logistical note, documentation needs will require care and attention and possibly support around the time of birth; birth certificates and insurance queries will surely need to be thoughtfully supported by myself as a midwife, though I don't have specific experience to note how at this time.

FTM: Acronym used to denote a person whose assigned sex at birth was female, but whose gender identity is that of a male/man. FTM may be used by people who have or have not undergone hormonal and/or surgical protocols for transitioning. In my community, this term seems to be used less frequently as time goes on because of concerns about the fetishization of its use in online formats (porn, Craigslist personals, etc.). Instead, many of my trans friends describe their identities in full sentences such as “I was assigned female at birth, but I am a man” when specifically speaking about their trans experience.

As a midwife, I might work with a FTM client in both fertility and birth arenas. Providing general gynecological care is something I would specifically like to offer at affordable rates for those seeking private, respectful health care access. I know for sure that in my area, Planned Parenthood is currently the only organization that specifically dedicates time and energy to

supporting the trans community. Unfortunately, many trans men are not comfortable in either clinical settings or settings primarily dominated by female-bodied/identified people. I want to be able to offer long-term reproductive and birth care for this population to fill the obvious gap that exists currently.

MTF: Like FTM, this term isn't used much in my geographical region for the reasons mentioned above. This acronym is used to denote a person whose assigned sex at birth was male, but whose gender identity is that of a female/woman. For physiological reasons, I won't be caring for this population as much as I could potentially be serving FTM people. I envision having supportive, respective resources on-hand for those who inquire or utilize me as a community resource. I do also intend to provide space for MTF people who want to join any women's/fem-focused groups or workshops I might host in the future. Additionally, a partner of a client may be MTF and though they might not be my client for healthcare, they are my client in terms of serving the entire family. Understanding their unique needs and desires around parenthood will help inform my practice, suggestions, referrals, and more.

Genderqueer: A term used to describe an individual whose gender identity does not align with the expected behaviors, attitudes, norms, or thoughts associated with their assigned sex. This term encompasses many different takes on gender identity, including those who are fluid on the gender spectrum, those who identify as a third gender, those who identify as being without gender altogether, and more.

As with all my clients, learning and using preferred pronouns or names will be of utmost importance when working with genderqueer people. Many genderqueer clients may not align with any gendered terms for the word parent: mother, mama, dad, or daddy, etc. Documentation challenges may also arise in terms of birth certificates, IDs, etc. in this population, so making sure to offer appropriate resources and having inclusive paperwork/forms is crucial to providing safe care.

Two-Spirit: A term generally used to describe members of indigenous cultures in North America who embody a fluidity between genders on the binary spectrum or who identify as a third gender. This term truly encompasses a wider range of experiences of non-binary indigenous people, and it may also be utilized in relation to sexuality, sex, and gender roles (Hunt, 2016).

If I had the opportunity to work with a Two-Spirit person as a midwife, I would first need to further educate myself on the intersectional nature of their existence before providing care. Though this is similar to how I would work with someone who identifies as Latinx or Black, etc. and also a member of the LGBTQIA+ community, native traditions, history, belief systems, and more would need to be understood to a further degree to appropriately care for a Two-Spirit pregnant or parenting person. Wiping clear any assumptions and applications of Western terminology and/or expectations would need to be actively undertaken as well.

2)

Transgender (sample: transsexual, transgendered, etc.): transvestite; tranny; transgenders; a transgender; (Movement Advancement Project, 2017); cross-dresser; passing; she-male; he-she.

Gay: homosexual; gay lifestyle; homosexual lifestyle; gay rights; admitted homosexual ((Movement Advancement Project, 2017).); fag; deviant; homo; faggot; sodomite.

Lesbian: lesbianism; homosexual; lesbian/gay lifestyle; admitted lesbian; (Movement Advancement Project, 2017); dyke.

Bisexual: gay; experimenting; non-existent; closet homo, stem, stud, femme, questioning, player

Sexual orientation: sexual preference; lifestyle choice; same-sex attraction, homosexual, (Movement Advancement Project, 2017).

Gender identity: sexual identity; transgender identity; gender expression; anything mixing up gender identity or expression with sexuality (Movement Advancement Project, 2017).

Gender expression: gender identity; gay; anything mixing up gender identity or expression with sexuality (Movement Advancement Project, 2017).

Transition: sex change; sex-change operation; pre-op; post-op; (Movement Advancement Project, 2017).

3)

TERF: An acronym that stands for Trans-Exclusionary Radical Feminism. This is a semi-organized group of self-proclaimed feminists who deny that women's rights should extend to trans women (Jones, 2014). Trans people struggle to experience basic tolerance in our society, so people who attribute the trans existence with that of a criminal, invader of women's space, or anything other than a person who simply wants to live as they identify internally are problematic for my future trans clients. Transphobia is alive, kicking, and fierce in the U.S. and any transgender people I work with as a midwife will have been affected in some way by transphobia.

Cisgender: A term used to denote someone whose gender identity and assigned sex at birth are in alignment (Jones, 2014). The vast majority of birthing people identify as cisgender, or would if they understood the terminology differences. Being cisgender in the U.S. typically comes with a lot of privilege and very little understanding of the challenges genderqueer and trans people face. So much education is needed in the cisgender community to help people gain a clear idea of the needs of non-binary peoples. In my practice as a midwife who wants to support LGBTQIA+ families, I can see potential for conflict between my cisgender clients and non-binary or genderfluid clients-or at the very least I can see potential for misunderstanding and assumptions on either side. One unique aspect of my care even now as a doula is that I have always preferred the use of terms like "birthing person" and "parent" over the gendered language alternatives; I also start prenatal appointments by asking or affirming pronoun choices. I think these preferences in my practice thus far have helped open the pathways of communication that have proven really meaningful to those with very little exposure to non-binary identities.

Heteronormative: A term used to describe individuals, groups of people, or even broader categories of humans who prescribe to the notion that heterosexuality is the only natural or normal form of sexual expression (Russo, 2014). As a queer person myself and someone who aims to support LGBTQIA+ clients, I intend to make my stance on heteronormativity clear in all written and verbal communications with my community. Living in Southern California, I can't imagine that anyone with strong feelings in opposition to LGBTQIA+ families would be interested in working with me, especially as there are other midwives in our area that express clearly heteronormative views themselves. However, I intend to personally stay ready to educate anyone open to listen.

Mononormative: A term used to describe the notion or perspective that monogamy is the natural or normal form of relationship configuration. In other words, mononormative thought prevalent in modern societies purports that one man or woman should be in romantic and/or sexual relationship with one man or woman at a time (Rothschild, 2018). This perspective is limiting and indeed an erasure of those who engage in polyamorous or non-monogamous relationships. Checking my own internal discourse on what it means to be in partnership with someone, in a marriage with someone, etc. is going to be important moving forward as a midwife. I personally don't have interest in having non-monogamous relationships at this time and don't know anyone personally who is actively non-monogamous; not making assumptions about people's personal lives is so important and this is an area I will need to work on over time in order to be inclusive and supportive of the entire family I'm working with.

References

- Hunt, S. (2016). *An Introduction to the Health of Two-Spirit People: Historical, contemporary and emergent issues*. Prince George, BC: National Collaborating Centre for Aboriginal Health.
- Jones, K. (2014, August). Trans-exclusionary radical feminism: What exactly is it, and why does it hurt? [blog post] Retrieved from https://www.huffingtonpost.com/kelsie-brynn-jones/transexclusionary-radical-terf_b_5632332.html
- Movement Advancement Project (2017). *An ally's guide to terminology: Talking about LGBT people & equality*. MAP's *Talking About LGBT Issues* series.
- Rothschild, L. (2018). Compulsory monogamy and polyamorous existence. *Graduate Journal of Social Science*, 14(1), pp. 28-56. Retrieved from <http://gjss.org/sites/default/files/issues/chapters/papers/GjSS%20Vol%2014-1%20Rothschild.pdf>
- Russo, J. (2014, September). Definition of “Heteronormativity.” [blog post] Retrieved from <http://queerdictionary.blogspot.com/2014/09/definition-of-heteronormativity.html>