An Interview: Advocating for Queer Birthing Family Safety by Employing Inclusive Terminology in Pregnancy, Birth, and Postpartum

Kate Stahl-Kovell & Catey Brannan

In this interview, JOPPPAH Copy Editor, Kate Stahl-Kovell, spoke with Certified Nurse Midwife, Catey Brannan, regarding Catey's perspective and experience supporting queer birthing families in Colorado.

Kate Stahl-Kovell:
Thank you so much for joining us, Catey. Let's start by talking about the issues that queer birthing families face in pregnancy, birth, and postpartum in the U.S.

Catey Brannan:
I think the most important issue stems from how everything in the U.S. is cultivated for a heteronormative world—especially birth. Parenting can and frequently is all about the "mom" and the "dad" and doesn't leave

Catey Brannan [she/her/hers], CNM, is a Certified Nurse Midwife, with more than 18 years' experience working in women's advocacy, support, empowerment, and in birth. Her experiences working with women in poverty, homelessness, incarceration, and in at-risk life situations became the foundation for her career as a midwife. She is an International Board Certified Lactation Consultant and has taught childbirth preparation and breastfeeding classes. As a midwife, Catey is attentive to clients' stories, desires, preferences and choices. With compassionate respect, she offers evidence-based and culturally sensitive women's health care. Through her human service, nursing and midwifery experiences, Catey has developed a model of practice which honors women's innate abilities and wisdom. She is proud to accompany women and families seeking whole-person health care, especially in pregnancy and birth. When not working, Catey enjoys hiking and exploring the Colorado mountains, performing improvisational comedy, and playing with her puggle, Gizmo. She is married to Julie and is surrogate mom to Oliver, who lives in Michigan with his two dads. **Kate Stahl-Kovell [she/her/hers], PhD, MA,** is a cisgender maternal health ethnographer, scholar, and activist. She enjoys reading cutting-edge maternal mental health research as Copy Editor of *JOPPPAH*. She received her PhD in Critical Dance Studies from the University of California, Riverside in 2020. Her dissertation, "Choreographing Childbirth: Tactics and Techniques of Motherhood," highlighted how mothers negotiate policing in maternal healthcare by gaining techniques of the body prior to childbirth. Stahl-Kovell is a graduate student of Marriage and Family Therapy at Syracuse University, focusing on somatic therapeutic techniques to both alleviate and prevent perinatal or postpartum mood and anxiety disorders (PMADs). In her off time, can usually be found oil painting, hiking, and climbing in the San Bernardino mountains in Southern California, where she happily resides with her partner and two children.

room for more diverse families including gay and lesbian families, polyamorous families, and coparenting families. Depending on the provider, a birthing person may not even seek care if they don't feel safe. It can be dangerous for the birthing person and the baby if the parent does not feel seen, noticed, and acknowledged as a legitimate person by their providers. Often, queer families can and do feel like they are treated like a weird "subset" of people—like a zoo animal.

Kate Stahl-Kovell:
It makes me think of the difference between using a preferred or a personal pronoun. No—this isn't how I *prefer* to be seen; this is who I am, this is my personal pronoun. Your identity needs to be validated to feel safe.

Catey Brannan:
Right. Hopefully, people have access to providers who are conscientious or who are willing to learn. Queer people are everywhere. We have children, no matter where we live. From a queer perspective, since a lot of birth happens in hospitals, we need to educate our providers constantly and continually about terminology throughout the pregnancy, birth, and postpartum experience as we may have several different nurses and doctors at the hospital. While you're in the most intimate part of your life, having to educate providers or silence yourself is a lot to ask of any birthing person.

Kate Stahl-Kovell:
Yes. It's being seen that can and does keep queer families safe in birth. This visibility leads to greater physical and mental safety.

In your practice, when you've worked with queer families, what specific issues have come up for them and how have you as a provider—who is committed to diversity, equity, and inclusion—helped resolve these issues, or how have you helped them get through it?

Catey Brannan:
One thing I have to offer as a queer person and midwife is seeing queer families as normal and not odd. With my lesbian clients, I noticed that they face a lot of exclusion in birth terminology considering birth preparation. For instance, it's easy to say birth partner, but many birth educators will say "dad" instead of partner.

When we're trying to get labor going or help a baby get out, we'll educate families by saying, "for heterosexual couples, semen can help soften the cervix. For birth parents, orgasm can help cause contractions." I don't leave the information out for my lesbian couple—but I make sure to use

specific language when discussing it. They don't need to find and use semen, but they definitely can use an orgasm for oxytocin. It's important to remember that these tactics are available to help people.

Getting into a practice of saying "birthing person" includes people who identify as moms and people who don't. In my own experience as a pregnant person, I really valued when providers saw me as the same as someone else, and not as an anomaly.

When I was being triaged during my birth, my provider asked me about my postpartum birth control plan. I pointed to my partner and said, "I'm going to keep having sex with her." The nurse said, "Okay, same-sex partnership?" You shouldn't assume that everyone needs birth control—many queer people have to work very hard to get pregnant and birth control isn't an issue for them.

Then there were doctors who wouldn't look at my partner—they wouldn't acknowledge she was my person. There were also providers I appreciated along the way who were very inclusive; it made a big impact for me as a patient. When inclusive terminology was used, I felt like this was a safe place, a place where I didn't have to re-explain who I am or who my person is.

Kate Stahl-Kovell:
Many healthcare practices across the U.S. and in academia are picking up and using inclusive terminology. In my dissertation, I used the term gestational parent, unless I was specifically discussing someone who identified as a mother.

Though you and I can clearly see how important it is for queer families to be validated with inclusive terminology, I'm seeing pushback—not just folks from within the birth community—but trending in newspaper articles and the media. There are stories claiming, "Now that we're using gestational parent or pregnant parent, we're losing the mother." For those in the birth community who are feeling like there is a loss of the mother with these inclusive terms, what can we say to them?

Catey Brannan:
I think that idea that when we use inclusive terminology we lose the mother perpetuates the patriarchal ideal that there's not enough.

Kate Stahl-Kovell:
Yes!

Catey Brannan:
This idea rests on the ideology that there won't be enough "pie" for everyone. As a feminist, I have to sway away from that kind of thinking. By saying parent, gestational parent, or pregnant parent instead of mom and dad, it doesn't exclude anyone. It only opens the door for more people.

Kate Stahl-Kovell:
Yes. It doesn't replace anyone. It gives us more options to include others.

Catey Brannan:
We used to think about romantic partnerships and families in terms of a husband and wife who have children. We no longer ask patients, "Who is your husband?" or, "Where is your husband?" At one point, it was even bizarre to think of having kids out of wedlock. We are capable of growing, shifting, and adding new ways of identifying familial relationships.

I'm noticing when places or people are working towards inclusion. When we talk about terminology and educate ourselves as providers to be more inclusive, we have to remember that every part of what we do is being witnessed. Someone might witness something and say, "Okay, this hospital only identifies male/female and nothing else."

I think that most queer people are happy when people try. When someone messes up, but they notice it—that's way better than purposefully not addressing my partner when they come into the room, or not seeing me because I'm queer. It's the "not-trying" that makes it difficult.

Kate Stahl-Kovell:
Whenever I think about queer families in pregnancy, birth, and postpartum, my first thought is, "How can we make them feel safe and how can we keep them safe? How can we prevent trauma for them?" Trauma can occur when a client doesn't feel seen or is not identified as who they are. How can we increase their sense of wellbeing?

Catey Brannan:
Pregnancy is an altered time and it makes us more sensitive; then, there is the added layer of vulnerability of not being seen as your queer self. Pregnancy, birth, and identity are all very intimate, vulnerable parts of ourselves. I believe that not being seen leads to poor outcomes for queer families.

If you fall out of the norm, your safety is compromised. We think, "It's 2021! We're okay with queer people." But, many folks often say harmful things to queer families.

Kate Stahl-Kovell:
Yes. Providers often also only want to include terms they're comfortable with, such as the mother and other female-identifying terms in birth. I usually use the term "nursing" or "nursing families."

I have noticed there's a large community of birth-workers who say they embrace the queer community, but they do not embrace queer terminology, they do not embrace being specific, they do not embrace practicing inclusivity.

Catey Brannan:
I've seen people get very mad about this. I can recall a fellow lactation consultant say, "I will never use the term chestfeeding!" She was so adamant. But, she's basically saying nursing. We've been using the term nursing for many, many years and…it's gender inclusive!

Breastfeeding as a term can feel excluding to someone. One of the sad things queer families have to navigate is having to choose what they're going to be upset about. For instance, they might say, "Oh, well, they said breastfeeding, again," or, "Oh, well, they said dad, again."

Kate Stahl-Kovell:
There's a certain markedness to being a queer parent in U.S. healthcare. I can't imagine how exhausting it must be for a queer family to have to educate providers over and over and over again.

Catey Brannan:
Yes. When I think about birth-workers not wanting to embrace inclusive terminology, I cast back to our recent history. Birth is a piece of our history that we've had to take back. Patriarchy made birth a scary illness. If you've ever attended a birth, you can see that it's the most powerful anyone can be. Perhaps when people feel threatened, when they feel like they're "losing the mother," they may feel like they are losing the right to birth on their own terms, the right for female autonomy, which the birth community has fought so hard for.

Kate Stahl-Kovell:
Yes! It makes sense why many birth-workers may have knee-jerk reactions to broadening terms if they deem it threatening to the mother. But, including many others doesn't exclude mothers.

Catey Brannan:

This is a moment where a lot can heal! We can be more conscious and deliberate not only with our terminology, but also with learning to respect our clients' physical autonomy. By using inclusive terminology, we are creating more conscientious care.

Kate Stahl-Kovell:
By respecting birthing families' identities, we can tie that wonderful metaphor you used of there being enough "pie" to show others that there is more than enough pie for everyone.

Thinking in broader terms, what would an ideal birth community that is inclusive of the queer community look like?

Catey Brannan:
First, the use of queer-inclusive terminology. It's important to ask a client how they want to identify. It can and is offensive to ask what a person's sexual orientation is. It's more important that we ask how they identify or their pronouns.

Also, part of birth justice for queer people is making having children for queer families more affordable. I have many friends who have gone to fertility clinics, and you're lumped in with someone with fertility issues. But, your issue is that you're not heterosexual.

Kate Stahl-Kovell:
Yes. In an ideal world, we'd see fertility clinics for queer families.

Catey Brannan:
Yes. In an ideal world that supported queer birthing parents and families, accessing birth centers would also be more affordable. You have to have a certain income or have a specific insurance to access care at a free-standing birth center.

Kate Stahl-Kovell:
There are significant economic barriers for families to access midwifery care, to getting pregnant for queer families. This topic isn't normally given time or discussed at length in the birth community.

Catey Brannan:
There's also a lot of mystery surrounding how queer people get pregnant. It's not a check-off skill like suturing for CNMs.

Kate Stahl-Kovell:
If you were to wake up tomorrow and a miracle had happened—where queer families could birth where they want to birth, where providers saw

them for who they are, where there weren't economic barriers—what would that look like?

Catey Brannan:
In my perfect miracle world, normal physiologic birth is normalized. Families would be included in the process of birth instead of being victim to it. Also, a big part of physiologic birth is having sound education and support. I would wish for queer-friendly support, queer-friendly education, not just for queer families but for everyone.

I wouldn't want anyone to not feel recognized or seen. When I was pregnant, we were the only queer couple. The birth educator kept mistaking my partner for my mother. It was as if she couldn't wrap her brain around that we were queer. I wanted to bond with my classmates. I ended up feeling excluded, more than anything. I feel like I missed out on an experience I could have had, if I had a man as a partner with me.

Kate Stahl-Kovell:
I'm sorry you experienced that. It's not okay that you missed out on bonding with your classmates.

Catey Brannan:
Thank you. It's made me more conscious as an educator and as a provider to include all types of families. I'm still working on my own terminology.

Kate Stahl-Kovell:
It's a lot of unlearning.

Catey Brannan:
In the miracle world, queer partners are wholly accepted from when they try to get pregnant, to pregnancy, to postpartum and beyond. Providers are in a leadership role. Even if there are people in a prenatal group who have never seen a queer person, the educator can show the group how to be inclusive.

A queer family member is trying to get pregnant right now, and their experience with the fertility clinic is so sad. Making a baby is an intimate moment—but, for queer people, our options are very sterile and medicalized.

One thing we do at the birth center where I work, we do intrauterine insemination (IUI) in a birth room in a regular bed. We allow the couple to have time together. They are more likely to fertilize if they are intimate with their partner.

Why does this have to be so sterile for queer families?

Kate Stahl-Kovell:
There's a lack of ritual, a lack of sacredness.

Catey Brannan:
There's a lack of miracle, too. So much of birth and human life is a miracle! When you are timing your ovulation, going to a clinic, someone is sticking a probe in and telling you how big your follicle is, your focus is on these things but not on the miracle. The miracle part of the process becomes secondary in this process. This is stressful for most queer families who are trying to have children.

Kate Stahl-Kovell:
It sounds similar to what a NICU parent experiences trying to nurse for the first time in the hospital. They have to learn how to connect, feed, and love on their baby while their infant is connected to machines, watched by nurses and doctors, and surrounded by the beeps and noises of the hospital.

I love this idea of bringing ritual, sacredness, and miracle for queer families. Besides the time you give to queer families during IUI, what other tactics do you use to help them tap into the miracle of birth?

Catey Brannan:
In the birth center, it's set up to be very home-like. We include the partner, however they want to be included. Sometimes they support the partner from behind when their partner is being inseminated. Other times, they watch next to the midwife during the process.

This is making me think of how at-home insemination might also be part of this miracle world—where the midwife could come in and inseminate the birthing person and let them have their intimate time together.

Kate Stahl-Kovell:
Making sure conception is an intimate moment, a miracle moment—I can't help but think that this increases queer parents' positive birth outcomes and also increases their physical and mental wellbeing.

Catey Brannan:
Yes. For instance, I had a lesbian client at six weeks postpartum who had questions about resuming sex after childbirth. So often we think of post-birth sexual activity as penetration. You'll hear, "nothing in the vagina!" But, that may not be a queer person's sexual act. The hormones of postpartum are the same following the birth, though. I was able to

normalize what this client was going through. She had no intention of having sex and she felt like something was wrong with her. I shared that this was a very normal hormonal response and said, "You're feeding this infant all day long, your body is going through many changes, and there are many people who don't feel sexually ready at this point in their postpartum journey."

In this miracle world, we are humble. We are open to being wrong. We are open to saying, "We can and will do better."

Kate Stahl-Kovell:
I see this miracle world where queer families are included taking away from thinking of the doctor as the brains of the operation.

This miracle world destabilizes the inherent patriarchy of healthcare. This miracle world makes queer families feel included, normal, loved, and as if their whole birth process is sacred and a miracle! This can be normalized with conscious use of terms and empathetic care. It's powerful to think that this can change somewhat easily for our world if we all employ inclusive terms and care!

Catey Brannan:
Yes, it can change.

Kate Stahl-Kovell:
Thank you, Catey, for joining *JOPPPAH* today to discuss how the larger birth community can embrace and help create safe birth experiences for queer families. I appreciate your commitment to your local community and to the global queer community.

Catey Brannan:
Thank you, Kate.