Journal of Student Nursing Research

Volume 2 | Issue 1 Article 3

9-17-2009

Perinatal Mental Health in Same-Sex Female Couples

Yana Sigal
University of Pennsylvania, ysigal@nursing.upenn.edu

This paper is posted at ScholarlyCommons. http://repository.upenn.edu/josnr/vol2/iss1/3
For more information, please contact repository@pobox.upenn.edu.

Perinatal Mental Health in Same-Sex Female Couples

Abstract
Perinatal depression and increased stress levels may be more prevalent in same-sex female couples than heterosexually active couples. Several studies have illustrated that lesbians are at greater risk for heightened stress and anxiety around the time of pregnancy and family planning (Trettin, Moses-Kolko, & Wisner, 2005). Improved education for health care providers may lead to greater awareness ofhow to cater to alternative families. Simple changes like using gender-neutral pronouns such as "partner" or "significant other" instead of "father of the baby", "boyfriend", or "husband" can make a safer atmosphere for lesbian couples. Creating a comfortable environment for same-sex female couples can lead to disclosure of sexual orientation, which provides information for the health care provider on how to best serve that couple; this could ensure optimum care and decrease the risk of perinatal depression in this population.

This journal article is available in Journal of Student Nursing Research: http://repository.upenn.edu/josnr/vol2/iss1/3

Perinatal Mental Health in Same-Sex Female Couples

Yana Sigal

Abstract

Perinatal depression and increased stress levels may be more prevalent in same-sex female couples than heterosexually active couples. Several studies have illustrated that lesbians are at greater risk for heightened stress and anxiety around the time of pregnancy and family planning (Trettin, Moses-Kolko, & Wisner, 2005). Improved education for health care providers may lead to greater awareness of how to cater to alternative families. Simple changes like using gender-neutral pronouns such as "partner" or "significant other" instead of "father of the baby", "boyfriend", or "husband" can make a safer atmosphere for lesbian couples. Creating a comfortable environment for same-sex female couples can lead to disclosure of sexual orientation, which provides information for the health care provider on how to best serve that couple; this could ensure optimum care and decrease the risk of perinatal depression in this population.

Identification of the Issue

Traditional, hetero-normative views prevail in today's society, creating disconnect for those who do not fit into the conventional model of childbearing. Same-sex couples, therefore, can experience additional stress in the time surrounding pregnancy stemming from homophobic discrimination.
A heterosexist culture perpetuates healthcare disparities between heterosexual and lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) individuals. In this somewhat conservative American society, a cultural divide exists between heterosexual family planning and LGBTQI family planning. Childbearing lesbian couples are particularly at risk for depression and poor mental health during the perinatal period. Ross (2005) described risk factors for depression specifically in lesbian mothers, such as discrimination, financial struggles, mental health history, and lack of social support. These factors manifest more significantly in lesbian couples compared to heterosexual couples, because LGBTQI couples are a minority group facing additional stressors during pregnancy.

Maternal/Child Health Impact

Pregnancy is inherently an emotionally stressful state; furthermore, it is a state of great metabolic stress. Hormonal changes may be attributed to perinatal depression as these changes may significantly impact a woman's mental health. Approximately 15% of women in the first three months postpartum experience perinatal depression (Trettin, Moses-Kolko, & Wisner, 2005). Predictors of postpartum depression, such as low social support, low social status, and stressful life events, are stressors that heighten the level of anxiety during the already sensitive time around pregnancy. Though it is evident that lesbian mothers may be at higher risk due to increased risk factors, barriers and limited research have yet to validate this statement. Research does however demonstrate that certain psychiatric illnesses, such as anxiety and mood disorders, are more prevalent among homosexuals compared to heterosexuals; and having a history of psychiatric illness or stress increases one's risk of experiencing perinatal depression (Trettin et al., 2005). Another factor that places lesbians at an increased risk for perinatal depression is societal stigmatization that accompanies being a sexual minority. Additionally, after controlling for variables such as age and geographic location, female same-sex couples had a household income that was 18-20% lower than that of a similar heterosexual couple (Ross, 2005). These highlighted stressors and others influence a lesbian's experience before, during and after her pregnancy. The psychosocial effects that are detrimental to the mother's well being may also be correlated to the infant's health.

Literature Review

We Are Mothers Too: Childbearing Experiences of Lesbian Families

Renaud (2007) described lesbians' personal and health care experiences of becoming

pregnant, giving birth, and being same-sex couples within the milieu of conceivably oppressive social and political structures. Renaud concluded that healthcare providers, policy makers, and the public can be better educated about the specific needs of childbearing lesbians. Although Renaud's study participants were from both rural communities and large cities, they shared the following characteristics that may limit diversity in the sample: they attended prenatal classes, obtained health care throughout the pregnancy, delivered their babies in hospital settings, and breastfed (Renaud, 2007). Furthermore, the study had some restrictions like many other studies of this nature: only those women who were more comfortable with their sexual orientation participated. Distribution of flyers was as follows: to lesbian bars, bookstores, college campuses, lesbian health clinics, area midwives, and pediatric primary care offices. Considering the limitations of this study, it effectively portrayed the childbearing experiences of lesbian families and appropriately identified the need for better informed healthcare providers.

Health care providers, if knowledgeable to same-sex issues, are in the position to reduce and effectively manage conflicts as they arise. Through interviews in Renaud's study, most women expressed insemination to be a stressful period. Furthermore, most women in the study chose a lesbian provider or one who was known to be lesbian-friendly; and, once an individual provider or a clinic was identified as homophobic, lesbians did not seek care at that facility. Women chose specific providers as a means to minimize the stress and anxiety that may have already been part of the pregnancy due to social and political factors.

Lesbian Experiences and Needs During Childbirth: Guidance for Health Care Providers

The article by McManus, Hunter, and Renn (2006) focuses on offering healthcare providers guidance in supporting a childbearing lesbian couple, through discussion of three major studies (Harvey et al. (1989), Wilton & Kaufmann (2000), and Buchholz (2000)). The review concentrates on four areas of concern identified for lesbians considering parenting: pros and cons of disclosing sexual orientation to caregivers, options available when deciding how to conceive, assurance of the desired level of partner involvement, and legal considerations for the conception process and for the protection of both parents and the child (McManus, Hunter, & Renn, 2006). A significant limitation of these studies is the fact that the studies' sample population is not very representative of the lesbian population at large. Ninety-two percent of the participants were White, the majority were college educated and worked full or part time during their pregnancy, had access to health care insurance, lived in urban areas, and were over the age of 30 at the time they became pregnant (McManus et al., 2006). Further research with greater diversity of participants is necessary to have a better representation of the lesbian childbearing experience. McManus et al. discuss how the threat of homophobic reactions from healthcare providers, in addition to the potentially prohibitive cost of technology guided conception, the chance of rejection and lack of support in social groups, the alienation by disapproving family, and the reality of facing the stigma of raising a child in a same-sex household can be detrimental to the lesbian couple's mental health (McManus et al., 2006). These risk factors for perinatal depression hold greater relevance in lesbian couples than in heterosexual couples.

Lesbian Perinatal Depression and the Heterosexism that Affects Knowledge about this Minority Population

Trettin, Moses-Kolko, and Wisner explored risk factors as a framework to generate hypotheses regarding perinatal depression in lesbian women (2005). History of depression, substance abuse, and lack of social support are identified risk factors for perinatal depression that are more common in lesbian women than in heterosexual women. In addition to these factors, authors discussed the mental health impact of same-sex marriages not being legally sanctioned and recognized in the United States, with the exception of Massachusetts (Trettin, Moses-Kolko, & Wisner, 2005). A significant weakness in the research is the lack of understanding of exactly how acute and chronic stress of homophobic discrimination influences lesbian health. The leading

assumption is that the combination of risk factors that are particularly prevalent in lesbian women will amount to an increased risk for perinatal depression in lesbian couples.

Affect on Health Care of the Childbearing Family

Although awareness and understanding is increasing in the United States, great disparities in the health care provided to minorities, including sexual and ethnic minorities still exist. In 1981, 14% of American adults believed that homosexuality was an acceptable lifestyle; this statistic increased to 46% in 2003 (McManus, Hunter, & Renn, 2006). Though research has demonstrated that lesbian satisfaction with healthcare providers was greater after coming out, 41% to 72% of lesbians surveyed did not expose their sexual orientation to their healthcare provider and over one third (37.5%) believed that to do so would adversely impact their care (McManus et al., 2006). Evidence reveals that health care outcomes for lesbians are improved when healthcare providers are knowledgeable about and sensitive to the unique needs of lesbian patients. Nursing care can and should change with appropriate education. A review of several current undergraduate maternal-newborn nursing textbooks revealed little or no information addressing issues specific to caring for the LGBTQI childbearing family. There is a great discrepancy between the level of awareness and amount of knowledgeable care givers and the increasing prevalence of an alternative family structure. Fear of rejection from a health care provider and choosing to hide one's sexual orientation results in poorer health care provided. Withholding personal information that can improve care, including sexuality, is detrimental to maternal-infant well-being. Health care providers can overcome this barrier with education and acceptance. Using gender-neutral pronouns when discussing care and involvement of partners with all patients allows for a more comfortable environment for non-traditional families. Literature, posters, and artwork that are displayed in the health care environment should be gender-inclusive. Images typically depict a traditional nuclear family with possibly some racial diversity and a few single parents, but no same-sex couples (Renaud, 2007). Furthermore, healthcare providers must be well-informed of the issues that face childbearing lesbians. They are, for example, in the position to advocate for the lesbian partner to secure the same access that would be granted to the father of an infant of a heterosexual couple. It is the responsibility of nurses, midwifes, physicians and other health care providers to provide optimum care to all clients, regardless of sexual orientation; therefore, proper education and preparation needs to be available for healthcare providers to adequately serve a diverse clientele.

References

Buchholz, S. (2000). Experiences of lesbian couples during childbirth. *Nursing Outlook*, 48, 307-311.

Harvey, S. M., Carr, C., & Bernheime, S. (1989). Lesbian mothers: Health care experiences. *Journal of Nurse Midwifery*, 34, 115-119.

McManus, A. J., Hunter, L. P., & Renn, H. (2006). Lesbian experiences and needs during childbirth: Guidance for health care providers. *JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing, 35*(1), 13-23.

Renaud, M. T. (2007). We are mothers too: Childbearing experiences of lesbian families. *JOGNN - Journal of Obstetric, Gynecologic, & Neonatal Nursing, 36*(2), 190-199.

Ross, L. E. (2005). Perinatal mental health in lesbian mothers: A review of potential risk and protective factors. *Women & Health, 41*(3), 113-128.

Trettin, S., Moses-Kolko, E. L., & Wisner, K. L. (2006). Lesbian perinatal depression and the heterosexism that affects knowledge about this minority population. *Archives of Women's Mental Health, 9*(2), 67-73.

Wilton, T. & Kaufmann, T. (2000). Lesbian mothers' experiences of maternity care in the UK. *Midwifery*, 17, 203-211.

***Author Highlight**

Yana Sigal is a senior nursing student at the University of Pennsylvania.