

# Why LGBTQ+ birthing women?

Social practices can marginalize certain communities, making them invisible, resulting in negative outcomes.<sup>1,2</sup> The health outcomes of LGBTQ+ birthing women are often determined by social processes that inform how they access and experience health services/resources.<sup>3,4</sup> Rurality is an important consideration with regards to health outcomes in Atlantic Canada, particularly within Nova Scotia, and is emerging as a critical concern.<sup>5,6</sup>

LGBTQ+ birthing women face multifaceted health care inequities embedded in taken-for-granted and everyday practices of health care institutions and provider-patient relationships.<sup>1,7,8</sup> Institutionalized heterosexism and the assumption of heterosexuality shape the lives of LGBTQ+ women and routine

practices and policies in rural birthing settings can reinstate, challenge and/or potentially transform health inequities.<sup>1,5,7,8</sup>

Our project offers a critical analysis to show how and why rural health care encounters shape the experiences of providers and patients with the aim of offering innovative and revisionist strategies to shape best practice guidelines, educational curricula, and continuing education for health care providers working with LGBTQ+ birthing women. We aimed to address what is largely unacknowledged in health research: gaps in knowledge around how LGBTQ+ birthing women access perinatal health services in rural areas.