

Invisibility

LGBQ+ women offered narratives that allowed us to question the assumptions we make about who has legitimacy to birth and how this is a product of heteronormative cultures of privilege and oppression. This finding about institutional practices provided us with a way to understand how health care providers fail to appreciate how LGBQ+ timelines for birthing deviate from the expectations set by dominant cultures. Women shared how the hospital environment reflected normative assumptions and how birthing spaces often negated, denied and rejected opportunities to partner with difference.

"Yeah, I would say they were typical, you know, heteronormative type of, you know, cisfemale gendered people, I would say. There were some older and some younger. There were some student nurses and whatnot. But there wasn't really anybody who was obviously identifiably different." -Anne

Categories for LGBQ+ women's experiences are often misunderstood and considered in discrete definitions which complicates care provision for providers who are already limited in knowledge around the lives of LGBQ+ women and their specific health care needs.^{1,7} For the birthing women who participated in the study, the complexity of identification was found in relationality and emotionality.

"And I was dating a girl when I found out that I was pregnant with my son. And she stayed with me through the pregnancy and the birth. So they knew at the hospital that... You know, not that anyone said this is my girlfriend or this is my partner, but she was there holding my hand and holding my head and rubbing my back, and spent the night. It was never verbalized in any way but she was there for everything." -Maggie

Often unconsciously and without malice, assumptions and biases that shape dominant approaches to care are reinforced by intentions which are designed around expediency to accommodate schedules driven by numbers, safety and timelines.^{1,7,8} Unfortunately, this inadvertently contributes to the vulnerability of LGBQ+ women when they access care as it fails to question the construction of health care spaces and how provider-patient relationships are governed by objectification, segregation and compartmentalization.^{1,7,8}