

Supportive Care and Embodied Safety

Safety was conditional and restrictive. Bisexual women who were birthing with a male-identified partner were assumed to be heterosexual and health care providers would reinforce parenthood according to heteronormative assessments. When women presented with a woman-identified partner, the status of their relationship often went unacknowledged which reinforced the expectation of heterosexuality in birthing spaces.

"...I felt very disempowered. I think that that was a relative experience for me. Like I felt disempowered in certain aspects of my identity. But I mean I was still considered a valid person and I still had really great experiences with some of the nurses, and there wasn't, you know, rude comments made in front of me or... Like I think my experience would have been very different had I been of a different race or class, is what I'm saying. I carried a lot of privilege in the room even though it was a disempowering experience." -Estelle

For LGBTQ+ birthing women, supportive relationships contributed to creating safe spaces where they felt accepted and empowered. Those who accessed care in hospitals relied on relationships with doulas, midwives, nurses, family physicians or family members. Many identified with childbirth as a "natural" process and pursued

options in home birth. Others armed themselves with knowledge that was accessed through their own research. The vulnerability by which LGBTQ+ women moved through heteronormative spaces was relative to their positionality and was often understood to be contextually based.

"I'm fortunate enough that I do feel like I live in a bit of a bubble in the community where I have a really great group of friends that all had babies at the same time, that are all very accepting and wonderful. I am curious to see what's going to happen when our son starts going to school and meets more kids outside of that bubble." -Cecelia

Women shared various strategies in self-protection that assisted in navigating heteronormative practices that made assumptions about their identities, relationships and/or their ability to parent. Women encountered barriers to supportive care and embodied safety when providers imposed essentializing medicalized care measures that failed to attend to diverse experiences.