Power, Control, Autonomy and Relationality

The women were predominantly and overwhelmingly positioned as having less knowledge and power. Feelings of powerlessness were often informed by a patient's lack of privilege within the health care system and perceived social status. There was an overarching theme of perinatal care providers not seeking the consent of LGBQ+ women and failing to consult with patients before they performed procedures on the women and their babies. Language of rigidity perpetuated lost opportunities to consider the diversity in the experiences of women and furthered a failure to fully integrate LGBQ+ health into dominant care practices. There was often no space for difference and paternalistic practices furthered the vulnerability of women from marginalized groups. Some women described how health care providers told them they did not need to review their personal birth plans that they had created which led to feelings of disempowerment.

"And I eventually ended up going to a C-section. That experience was fairly traumatic for me. I know a lot of women are like, well, if I birth naturally or by caesarean, it doesn't really matter. The baby is healthy and... But for me, it took a very significant emotional toll on me. And I felt at the time, I lost a lot of agency in my birthing process and was in a lot of pain and distress as they were getting me to sign a consent form to perform the surgery, and I felt like I had no option." -Denise

There was a lack of understanding around how spaces, relationships and hierarchical/paternalistic healthcare knowledge impacted care delivery and contributed to the ways LGBQ+ women experienced birth. The ability of health care providers to establish relationships with women in a way that supported embodied trust[10] determined the capacity of perinatal care relationship to empower. This was often reflective of how the health care provider understood diversity and vulnerability within the context of birthing spaces.

"And they talk about it as if, I don't know, like they're in control. And I think that more women really need to understand that they have the right. Because the doctor just comes in and says you need to have this done but doesn't...they're not educated about it, and they're not educated about the fact that, you know, like they have a choice in the matter." -Skyler

Women have power in their bodies to birth their own babies and nurses have the potential to create possibilities that would empower.[11,12] Providers can begin to identify opportunities with women to support their taking control of a situation and finding agency in places that were made invisible by practices that reinforce institutional power and control.[11,12] Thus, compelling strategies emerged that disrupted heteronormative constraints within our health care spaces, particularly those of birthing.